

**AP 803 – Pediculosis in Schools (Head Lice)**

**APPENDIX C - Verification of Treatment for Pediculosis**

(SCHOOL LETTERHEAD)

**Verification of Treatment for Pediculosis**

An approved treatment must be used before your child may return to school, as follows:

**STEP ONE**

I have read the information provided.

Yes  No

I have used an approved head lice treatment.

Yes  No

Type of treatment used: \_\_\_\_\_

I have removed all head lice.

Yes  No

I have checked all family members, including adults, and treated if necessary.

Yes  No

At successful completion of Step 1, your child may return to school. Continue with Step Two.

**STEP TWO**

I will be doing a daily head check for the next 10 days.

Yes  No

I have planned a repeat treatment after 7 days to kill any newly hatched lice.

Yes  No

I will be advising close contacts that my child has pediculosis.

Yes  No

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_